

MIDDLEBURY COLLEGE

Health Services

Physician/Provider Tuberculosis (TB) Form

Name: _____ Date of Birth: _____ College ID#: _____
Last First

This form is required of all students who:

- indicated on their health form that they have had potential exposure to TB through contact with high risk people, environments, or situations
- were born in or have traveled to high risk countries (according to CDC guidelines)

Instructions for Physician/Provider:

1. TB Skin Test (TST) **OR** Interferon-Gamma Release Assay (IGRA) is required
 - a. A history of BCG vaccination does not preclude testing
 - b. Unlike TST, IGRA is not influenced by prior BCG vaccination
2. If TST or IGRA is positive, Chest X-ray is required.

TST: Date Placed: _____ Date Read: _____ Result: _____ mm induration

OR

IGRA: Date: _____ Result: Negative Positive
 Indeterminate Borderline (T-Spot only)

Chest X-ray results: (If positive TST or IGRA)

Date of X-ray: _____ Result: Normal Abnormal

Signature of Health Care Provider: _____ Date: _____

Name of Health Care Provider (Print) _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____